	y your case:			
Debtor 1 Marianne First Name		etling Last Name		
ebtor 2				
pouse, if filing) First Name	Middle Name	Last Name		
nited States Bankruptcy Court for the	Northern District of Georgia			
ase number f known)			Check if th	
				ended filing element showing postpetition chapter
				as of the following date:
fficial Form 106I	MM / D	D/ YYYY		
chedule I: Yo	ur Income			12/15
	e top of any additional pag			use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	0	Regulatory Technic	cal Accounting	
		Regulatory Technic	cal Accounting	-
self-employed work.  Occupation may include student	Occupation t Employer's name	Regulatory Technic	cal Accounting	
self-employed work.  Occupation may include student		TIAA Bank 501 Riverside Aver		
self-employed work.  Occupation may include student	Employer's name	TIAA Bank		Number Street
self-employed work.  Occupation may include student	Employer's name	TIAA Bank  501 Riverside Aver Number Street		Number Street
self-employed work.  Occupation may include student	Employer's name	TIAA Bank  501 Riverside Aver Number Street	nue	Number Street  City State ZIP Code
self-employed work.  Occupation may include student	Employer's name	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State	nue FL 32202	
self-employed work.  Occupation may include student or homemaker, if it applies.	Employer's name Employer's address  How long employed ther	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State	nue FL 32202	City State ZIP Code
Self-employed work.  Occupation may include student or homemaker, if it applies.  Part 2: Give Details About	Employer's name Employer's address  How long employed ther	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State  7 years	FL 32202 ZIP Code	City State ZIP Code  7 years
Cocupation may include student or homemaker, if it applies.  Part 2: Give Details About Estimate monthly income as a spouse unless you are separate If you or your non-filing spouse	Employer's name Employer's address  How long employed ther  at Monthly Income  of the date you file this form d. have more than one employe	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State  re? 7 years  If you have nothing to re  re, combine the information	FL 32202 ZIP Code	City State ZIP Code 7 years  ite \$0 in the space. Include your non-filing
Occupation may include student or homemaker, if it applies.  Part 2: Give Details About Estimate monthly income as a spouse unless you are separate.	Employer's name Employer's address  How long employed ther  at Monthly Income  of the date you file this form d. have more than one employe	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State  re? 7 years  If you have nothing to re  re, combine the information	FL 32202 ZIP Code	City State ZIP Code 7 years  ite \$0 in the space. Include your non-filing or that person on the lines  For Debtor 2 or
Cocupation may include student or homemaker, if it applies.  Cart 2: Give Details About Estimate monthly income as a spouse unless you are separate. If you or your non-filing spouse.	Employer's name Employer's address  How long employed ther  at Monthly Income  of the date you file this form d. have more than one employe attach a separate sheet to this	TIAA Bank  501 Riverside Aver Number Street  Jacksonville City State  re? 7 years  In. If you have nothing to reser, combine the information is form.	FL 32202 ZIP Code	City State ZIP Code 7 years  ite \$0 in the space. Include your non-filing or that person on the lines

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Debtor 1	Marianne First Name	e Eliz Middle Name	abeth Last N	Detling		С	ase number (# kn	nown)				
						Fo	r Debtor 1	100000	For Debtor 2 or non-filing spouse			
Сор	y line 4 here				<b>→</b> 4.	\$_	9,585.00	809Siel	\$	1000a		
5. List	all payroll ded	uctions:										
5a	Tax, Medicare	and Social S	ecurity dedu	ıctions	5a.	•	1,146.00		S			
	Mandatory co				5b.	\$_ \$	0.00		S			
	Voluntary con				5c.	\$	490.00		S			
	Required repa				5d.	\$	93.00		\$			
	Insurance				5e.	\$	486.00		\$			
5f.	Domestic sup	port obligatio	ns		5f.	\$	0.00		\$			
50	Union dues				5g.	\$	0.00		\$			
		ons. Specify: 0	arnish. HS	SA, Dependent care fsa	5h.	+5	2,654.00	+	S			
				b + 5c + 5d + 5e +5f + 5g + 5h		\$_	4,869.00		\$			
7. Cal	culate total mo	onthly take-ho	me pay. Subi	tract line 6 from line 4.	7.	\$_	4,716.00		\$	_		
8. List	all other incom	ne regularly re	eceived:									
8a.	Net income fro profession, or		perty and fro	m operating a business,								
		ary and necess		eusiness showing gross expenses, and the total	8a.	\$_	0.00		\$			
8b.	Interest and d				8b.	\$	0.00		\$			
8c.			nat you, a no	n-filing spouse, or a depend	ent							
	regularly rece		nort child sur	port, maintenance, divorce			0.00					
	settlement, and			port, mannertance, arrottee	8c.	\$_	0.00		\$	-		
8d.	Unemploymen	nt compensati	on		8d.	\$_	0.00		\$	_		
8e.	Social Securit	у			8e.	\$_	0.00		\$	_		
8f.	Include cash as	ssistance and t e, such as food	he value (if kr I stamps (ben	egularly receive nown) of any non-cash assistar lefits under the Supplemental subsidies.	nce 8f.	s	379.00		\$			
٥							0.00					
8g.	Pension or ret	urement incor	ne		8g.	\$_			s	-		
8h.	Other monthly	income. Spe	cify:		8h.	+\$_	0.00		+\$			
9. <b>Ad</b>	d all other inco	me. Add lines	8a + 8b + 8c	+ 8d + 8e + 8f +8g + 8h.	9.	\$_	379.00	Ļ	\$	닠		
	ulate monthly the entries in lir			or 2 or non-filing spouse.	10.	\$_	5,095.00	+	s	_]=	\$	5,095.00
Indu				penses that you list in Sche, members of your household,			ents, your roo	mmal	ies, and other			
	not include any a cify:	amounts alread	ly included in	lines 2-10 or amounts that are	not a	vailable	e to pay exper	nses li		J. 1. <b>+</b>	\$	0.00
12. <b>Add</b>	the amount in	the last colum	nn of line 10	to the amount in line 11. The	e resul	t is the	combined mo	onthly	income.		Г	E 005 00
Write	e that amount o	n the <i>Summar</i> ,	of Your Ass	ets and Liabilities and Certain S	Statist	ical Inf	ormation, if it a	applie	s 1	2.		5,095.00 nbined
	you expect an	increase or de	ecrease with	in the year after you file this	form'	?					mon	ithly income
		My compa	ny raises a	are in March each year.								

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